

**ACTIVE EMPLOYEES**

2018 BI-WEEKLY HEALTH INSURANCE RATES  
SURCHARGES AND DISCOUNTS MAY BE APPLIED TO THE RATES BELOW

**Plan A (HDHP)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$334.00	\$285.00	85%	\$49.00	15%
Employee/Spouse	\$772.00	\$660.00	85%	\$112.00	15%
Employee/Child(ren)	\$708.00	\$605.00	85%	\$103.00	15%
Employee/Family	\$1,158.00	\$990.00	85%	\$168.00	15%

**Plan B (PPO)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$393.00	\$316.00	80%	\$77.00	20%
Employee/Spouse	\$908.00	\$730.00	80%	\$178.00	20%
Employee/Child(ren)	\$834.00	\$671.00	80%	\$163.00	20%
Employee/Family	\$1,362.00	\$1,096.00	80%	\$266.00	20%

**Dental**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$28.00	\$21.00	75%	\$7.00	25%
Employee/Spouse	\$52.00	\$39.00	75%	\$13.00	25%
Employee/Child(ren)	\$48.00	\$36.00	75%	\$12.00	25%
Employee/Family	\$72.00	\$54.00	75%	\$18.00	25%

**COMMON COUNCIL MEMBERS**

2018 BI-WEEKLY HEALTH INSURANCE RATES  
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**Plan A (HDHP)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$334.00	\$252.00	75%	\$82.00	25%
Employee/Spouse	\$772.00	\$582.00	75%	\$190.00	25%
Employee/Child(ren)	\$708.00	\$534.00	75%	\$174.00	25%
Employee/Family	\$1,158.00	\$874.00	75%	\$284.00	25%

**Plan B (PPO)**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$393.00	\$296.00	75%	\$97.00	25%
Employee/Spouse	\$908.00	\$685.00	75%	\$223.00	25%
Employee/Child(ren)	\$834.00	\$629.00	75%	\$205.00	25%
Employee/Family	\$1,362.00	\$1,028.00	75%	\$334.00	25%

**Dental**

	Total Premium	City Portion	City %	Employee Portion	Employee %
Employee Only	\$28.00	\$21.00	75%	\$7.00	25%
Employee/Spouse	\$52.00	\$39.00	75%	\$13.00	25%
Employee/Child(ren)	\$48.00	\$36.00	75%	\$12.00	25%
Employee/Family	\$72.00	\$54.00	75%	\$18.00	25%

## **RETIREES**

2018 MONTHLY HEALTH INSURANCE RATES  
SURCHARGES AND DISCOUNTS MAY BE APPLIED TO THE RATES BELOW

### **Plan A (HDHP)**

	Total Premium	City Portion	City %	Retiree Portion	Retiree %
Employee Only	\$724.00	\$0.00	0%	\$724.00	100%
Employee/Spouse	\$1,673.00	\$0.00	0%	\$1,673.00	100%
Employee/Child(ren)	\$1,534.00	\$0.00	0%	\$1,534.00	100%
Employee/Family	\$2,509.00	\$0.00	0%	\$2,509.00	100%

### **Plan B (PPO)**

	Total Premium	City Portion	City %	Retiree Portion	Retiree %
Employee Only	\$852.00	\$0.00	0%	\$852.00	100%
Employee/Spouse	\$1,967.00	\$0.00	0%	\$1,967.00	100%
Employee/Child(ren)	\$1,807.00	\$0.00	0%	\$1,807.00	100%
Employee/Family	\$2,951.00	\$0.00	0%	\$2,951.00	100%

### **Dental**

	Total Premium	City Portion	City %	Retiree Portion	Retiree %
Employee Only	\$61.00	\$0.00	0%	\$61.00	100%
Employee/Spouse	\$113.00	\$0.00	0%	\$113.00	100%
Employee/Child(ren)	\$104.00	\$0.00	0%	\$104.00	100%
Employee/Family	\$156.00	\$0.00	0%	\$156.00	100%

**COBRA**

2018 MONTHLY HEALTH INSURANCE RATES  
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**Plan A (HDHP)**

	Total Premium	City Portion	City %	Participant Portion	Retiree %
Employee Only	\$738.00	\$0.00	0%	\$738.00	100%
Employee/Spouse	\$1,706.00	\$0.00	0%	\$1,706.00	100%
Employee/Child(ren)	\$1,565.00	\$0.00	0%	\$1,565.00	100%
Employee/Family	\$2,559.00	\$0.00	0%	\$2,559.00	100%

**Plan B (PPO)**

	Total Premium	City Portion	City %	Participant Portion	Retiree %
Employee Only	\$869.00	\$0.00	0%	\$869.00	100%
Employee/Spouse	\$2,006.00	\$0.00	0%	\$2,006.00	100%
Employee/Child(ren)	\$1,843.00	\$0.00	0%	\$1,843.00	100%
Employee/Family	\$3,010.00	\$0.00	0%	\$3,010.00	100%

**Dental**

	Total Premium	City Portion	City %	Participant Portion	Retiree %
Employee Only	\$62.00	\$0.00	0%	\$62.00	100%
Employee/Spouse	\$115.00	\$0.00	0%	\$115.00	100%
Employee/Child(ren)	\$106.00	\$0.00	0%	\$106.00	100%
Employee/Family	\$159.00	\$0.00	0%	\$159.00	100%